N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17254

1. PLACE OF DEATH MAY 31 1937
81 County Phelps
2 Township
4 City Rolla Mo. (No. ..... St. ..... Ward)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 58

2. FULL NAME Robert L. Patterson

(a) Residence, No. Mt Vieu Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Wilbur Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1882

7. AGE YEARS 55 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

2 FATHER
13. NAME Silas Patterson
8 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Alma Abbit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Mrs Wilbur Patterson Mountain View Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Vieu Mo DATE April 16 1937

19. UNDERTAKER (ADDRESS) John F. Hanson Mt Vieu Mo

20. FILED April 14 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1937, to Apr. 14, 1937
I last saw him alive on Apr. 10, 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis with an acute exacerbation

Date of onset

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Other contributory causes of importance:
Uremic Coma

Name of operation — Date of —
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify can't say
(Signed) A. H. Horne, M. D.
(Address) Rolla Mo.